

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2016
NAME OF PROVIDER OR SUPPLIER APPALACHIAN CHRISTIAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-8-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All facilities shall conform to the current edition of the following applicable codes as approved by the Board for Licensing Health Care Facilities: International Building Code (excluding Chapters 1 and 11) including referenced International Fuel Gas Code, International Mechanical Code, and International Plumbing Code; National Fire Protection Association (NFPA) NFPA 101 Life Safety Code excluding referenced NFPA 5000; Guidelines for Design and Construction of Health Care Facilities (FGI) including referenced Codes and Standards; U.S. Public Health Service Food Code; and Americans with Disabilities Act (ADA) Standards for Accessible Design. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes, regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to provide all handicap accessible rooms with door knobs that do not require the action of pinching, tight grasping, or twisting of the wrist.</p> <p>The findings include:</p> <p>Observation on 5/23/16 between 11:00 AM and 2:15 PM revealed the following handicap accessible rooms were not provided with an accessible door knob:</p> <ol style="list-style-type: none"> 1. Room 505 2. Room 526 	N 832	<ol style="list-style-type: none"> 1. The handicap accessible rooms noted during survey (Rooms: 505, 526, 527, 528, 529, 530, 531, Shower room #1 and Shower room #2) as not having a handicap accessible door knob will be corrected by maintenance by 7/7/16. 2. All other door knobs in the Health Care Center will be reviewed for handicap accessibility hardware and if found to have a breach for this standard then will systematically corrected. 3. A systematic approach to ensure that these standards are in compliance will be for the Administrator to educate the Maintenance Supervisory Staff on the requirement for maintaining handicap accessible door knob hardware. An audit will be maintained to ensure compliance. 4. The Quality Assurance Staff will maintain an audit on a monthly bases to ensure that all door knobs have handicap accessible hardware. The results of the audit will be presented at the monthly Quality Assurance meeting. 	7/7/16

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE,

(X6) DATE

STATE FORM

60821

6/7/16 If continuation sheet 1 of 2

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N 832	<p>Continued From page 1</p> <ol style="list-style-type: none"> 3. Room 527 4. Room 528 5. Room 529 6. Room 530 7. Room 531 8. Shower room #1 9. Shower room #2 <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 5/23/16. American Disabilities Act (ADA) 309.4</p>	N 832		